



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/706,645 Confirmation No. 7027  
Applicant : Charles R. Rapier, et al.  
Filed : November 12, 2003  
TC/A.U. : 1754  
Examiner : Maribel Medina Sanabria  
Docket No. : 1856-42801  
Customer No.: 31889  
For: Stabilized Alumina Supports, Catalysts Made Therefrom, And Their Use In Partial Oxidation

**PRELIMINARY AMENDMENT**

Attorney Dkt. No.: 1856-42801  
Date: May 24, 2005

Mail Stop Amendments  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA. 22313-1450

Sir:

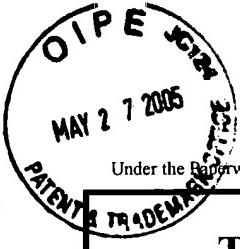
Prior to examination on the merits, Applicants request that the Examiner enter the following amendments.

**Amendments to the Claims** begins on page 2 of this paper.

**Remarks** begin on page 12 of this paper.

05/31/2005 EFLORES 00000050 032769 10706645

01 FC:1201 200.00 DA  
02 FC:1202 350.00 DA



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## TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Total Number of Pages in This Submission	14	Attorney Docket Number	1856-42801 (40183)
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### ENCLOSURES *(check all that apply)*

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form (In duplicate)<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s)<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication<br>to Group<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group<br><i>(Appeal Notice, Brief, Reply Brief)</i><br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) <i>(please<br/>identify below):</i><br><i>acknowledgment postcard</i> |
|---|--|---|

Remarks

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	CONLEY ROSE, P. C.		
Signature			
Printed name	Jeffrey L. Johnson		
Date	May 24, 2005	Reg. No.	53,078

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or Printed Name	Nanci D. Mohr
Signature	
Date	May 24, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/04.

Fee Transmittal to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2005**

**Complete if Known**

		Application Number	10/706,645	
		Filing Date	November 12, 2003	
		First Named Inventor	Charles R. Rapier	
		Examiner Name	Maribel Medina Sanabria	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1754	
TOTAL AMOUNT OF PAYMENT		\$550.00	Attorney Docket No.	1856-42801 (40183)

**METHOD OF PAYMENT** (check all that apply)
 Check     Credit Card     Money Order     None     Other (please identify): \_\_\_\_\_

 Deposit Account    Deposit Account Number: **03-2769**    Deposit Account Name: **Conley Rose, P.C.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below     Charge fee(s) indicated below, except for the filing fee

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under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
	<u>82</u>	- 75 or HP =	<u>7</u>	<u>x \$50</u>	<u>\$350</u>	<u>Fee (\$)</u>

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
	<u>5</u>	- 4 or HP =	<u>1</u>	<u>x \$200</u>	<u>\$200</u>	<u>Fee (\$)</u>

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

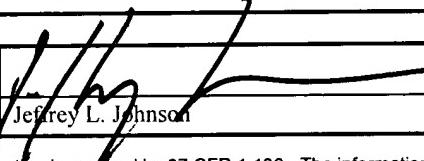
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 = _____	/ 50 = _____ (round up to a whole number)	x _____ = _____	<u>Fees Paid (\$)</u>

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

<b>SUBMITTED BY</b>	
Signature	
Name (Print/Type)	Jeffrey L. Johnson
Registration No. (Attorney/Agent)	53,078
Telephone	(713) 238-8000
Date	May 24, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including the gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.